



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

REPORT #7

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired.
Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN <u>030789</u>	PRINTER SN <u>84.9324.154</u>	DATE OF INSPECTION <u>02/05/2015</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>400 First St Hillsboro</u>		TIME OF INSPECTION <u>2340 hrs</u>

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

☒ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)

☒ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)

☒ PRINTER WORKING PROPERLY

☒ TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

☒ SIMULATOR SOLUTION

☐ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER Guth Lab LOT # 14110 EXP. DATE 05/01/2016

☒ SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34° SIMULATOR SN SD20000 SIMULATOR EXP DATE 03/20/2015

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE

☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 - .101

TEST 2 - .099

TEST 3 - .099

☒ RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS 0 (0-.04) 0 (.05-.09) 0 (.10-.14) 0 (.15-.19) 0 (OVER .19) 0

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

INSPECTING OFFICER

SIGNATURE
Dep. Richard Beattie 197

PRINT NAME
Dep. Richard Beattie 197

TYPE II PERMIT NUMBER/EXPIRATION DATE
240268 02/12/2016

TELEPHONE NUMBER
636 797-5000

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Boulevard
Poplar Bluff, MO 63901



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14110 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on May 5, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1206% (w/vol) ethyl alcohol. The expiration date for this lot number is May 1, 2016 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.

AS IV Serial no: 030789
Version no: 532B

TEST RECORD 00045
Temp Date Time 210L s/

VOID: RFI
12 02/06/15 01:15

Subject Name
RFI Test
Subject I.D.

Operator Name: I.D.
Dep. R. Beattie 197
Location
400 First St

Hillsboro, Mo 63050

AS IV Serial no: 030789
Version no: 532B

TEST RECORD 00044
Temp Date Time 210L s/

Air Blank: 1
02/06/15 01:13 .000
Calibration Check:
25 02/06/15 01:13 .099

Subject Name
Test #3
Subject I.D.

Operator Name: I.D.
Dep. R. Beattie 197
Location
400 First St

Hillsboro, Mo 63050

AS IV Serial no: 030789
Version no: 532B

TEST RECORD 00043
Temp Date Time 210L s/

Air Blank: 1
02/06/15 01:10 .000
Calibration Check:
25 02/06/15 01:10 .099

Subject Name
Test #2
Subject I.D.

Operator Name: I.D.
Dep. R. Beattie 197
Location
400 First St

Hillsboro, Mo 63050

AS IV Serial no: 030789
Version no: 532B

TEST RECORD 00042
Temp Date Time 210L s/

Air Blank: 1
02/06/15 01:08 .000
Calibration Check:
24 02/06/15 01:08 .101

Subject Name
Test #1
Subject I.D.

Operator Name: I.D.
Dep. R. Beattie 197
Location
400 First St

Hillsboro, Mo 63050



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

2

PERMIT
TYPE II

RICHARD BEATTIE

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

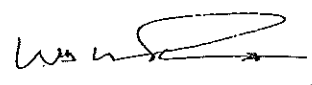
DATAMASTER, INTOX EC/IR II, ALCO-SENSOR IV W/PRINTER

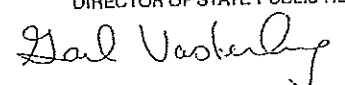
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 6/12/2014

NUMBER 240268

EXPIRES 6/12/2016


DIRECTOR OF STATE PUBLIC HEALTH LABORATORY


DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R5-10)

MD 580-0771 (5-10)

STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.



Operator BEATTIE, RICHARD
Permit No 240268
Date Issued 6/12/2014 Date Expires 6/12/2016